



**THE RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009
RYAN WHITE PART A**

FY2017

Contract Period: March 1, 2017 – February 28, 2018

REQUESTS FOR PROPOSALS

FOR

FOOD BANK AND HOME DELIVERED MEALS

RFP OPENING DATE: November 14, 2016

RFP CLOSING DATE: January 13, 2017

**City St. Louis Department of Health
Grants Administration Office
1520 Market Street – Rm 4027
St. Louis, MO 63103
(314) 657-1556**

Note: If this RFP was downloaded from the City of St. Louis RFP Website each applicant must provide contact information to the RFP contact person in order to be notified of any changes in this RFP document.

NOTICE

BIDDER'S PRE-APPLICATION CONFERENCE

FY2017 FOOD BANK AND HOME DELIVERED MEALS REQUEST FOR PROPOSALS

ATTENDANCE RECOMMENDED **PLEASE RSVP!**

DATE: Friday, December 2, 2016

TIME: 1:00 P.M. – 3:30 P.M.

LOCATION: City of St. Louis Department of Health
1520 Market Street Room 4051
Large Conference Room
St. Louis, MO 63103

CONTACT: Mr. Phillip Johnson
City of St. Louis Department of Health
Grants Administration Office
1520 Market Street – Room 4078
St. Louis, MO 63103
314-657-1556

Estimated Schedule:

Date/Time	Activity
Monday, November 14, 2016	Request for Proposal Released
Wednesday, November 30, 2016	Deadline for Pre-Bidder's Conference Questions
Friday, December 2, 2016	Recommended Pre-Application Conference
Wednesday, December 14	Deadline for Final Questions
Friday, January 13, 2017 @ 4:00 PM	Due Date for Applications
Thursday, February 16, 2017 @ 2:00 pm	Selection by Professional Services Agreement Committee
Wednesday, March 1, 2017	Contract Start Date
Wednesday, February 28, 2018	Project Completion Date

RYAN WHITE MINORITY AIDS INITIATIVE PROGRAMS FOR PART A

APPLICATION FOR FUNDING FOR FOOD BANK/HOME DELIVERED MEALS SERVICES

The Food Bank/Home Delivered Meals Request for Proposals reflects the components each applicant must address to demonstrate their expertise and capacity to successfully fulfill the objectives and deliverables associated with the provision of food, meals, or nutritional supplements. Proposals must be submitted following the format requirements, address each of the application components, and contain all required attachments to be considered for review.

1. APPLICATION FORMATTING REQUIREMENTS

Request for Proposals (RFP) may be obtained beginning Monday, November 14, 2016 from Phillip Johnson at the City of St. Louis Department of Health, Grants Administration, 1520 Market St. – Room 4027, MO 63103, or downloaded from the St. Louis City website at <http://www.stlouis-mo.gov/government/procurement.cfm>, or by contacting Mr. Johnson at (314) 657-1556 or JohnsonP@stlouis-mo.gov.

All questions must be submitted in writing no later than Wednesday, November 30, 2016 to Maggie Hourd-Bryant, Grants Administrator, City of St. Louis Department of Health, 1520 Market Street – Room 4027, St. Louis, MO 63103 or via email Hourd-BryantM@stlouis-mo.gov. All questions will be responded to in writing to all parties having attended the pre-application conference.

One (1) bound original, five (5) paper copies bound, one (1) copy unbound, and one (1) CD in Microsoft Word or PDF of the proposal must be submitted to the Grants Administration office by 4:00 p.m. Friday, January 13, 2017. **Late or incomplete proposals will not be accepted.** Applicants must adhere to the following:

- Applications must be in English
- Use 12-point font
- Use 8.5 by 11 inch white paper that can be photocopied
- Top, bottom, left, and right margins may not be less than one inch each
- Text may be either 1.5 or double-spaced
- Each copy must contain a Table of Contents
- CD must be properly formatted and be able to be read by Department of Health computers using Microsoft Word 95, 97 or XP. ***NOTE: CD must contain the same information as original paper copy, i.e., (draft RFP's and resulting contracts, draft participation agreements and sole source contracts, organizational chart, resumes of key staff, most current financial statement, documentation of not for profit status, letters of support, current business license, etc.).***

II. SERVICE CATEGORY DESCRIPTION, CONTRACTOR QUALIFICATION REQUIREMENTS

FOOD BANK/HOME DELIVERED MEALS

TOTAL TO BE AWARDED: \$400,000 - \$500,000

Please note: This is an estimated range for the award. Final funding levels for FY2017 have not been established. The actual service category award amount will be based on the actual amount awarded to the St. Louis Transitional Grant Area and based on the St. Louis HIV Services Planning Council's Resource Allocations.

Part A of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program) provides emergency assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely affected by the HIV/AIDS epidemic. This funding is awarded to the City of St. Louis by the Health Resources Services Administration (HRSA) under the U.S. Department of Health and Human Services. Part A funding provides both core medical and support services to individuals with HIV/AIDS in order to enhance access to and retention in care.

The St. Louis TGA	
Missouri Counties:	St. Louis City, St. Louis County, St. Charles, Franklin, Jefferson, Warren and Washington
Illinois Counties:	Clinton, Jersey, Madison, Monroe, and St. Clair

Food Bank/Nutritional Services are defined as the provision of food, nutritional supplements, and home delivered meals.

Services provided under this RFP must be aligned with the TGA needs as assessed by the Metro St. Louis HIV Health Services Planning Council and coordinated with the City of St. Louis Department of Health's Center for STD/HIV/Hepatitis Services and the Ryan White Case Management system. This includes approved Standards of Care. The approved Standards of Care are attached and should be used as a reference in the program narrative responses (see Attachment A).

Services funded through Ryan White must also ensure program funds are used as a "payer of last resort." This means that Part A funds cannot be used to provide or support services reimbursable under other programs (Medicaid, Medicare, VA benefits, private insurance, etc.) Applicants will be expected to have a process for ensuring Ryan White funds are used as payer of last resort and that they verify client eligibility based on HIV status, income, etc.

Qualifications: The types of entities eligible to receive funds include, but are not limited to: Community-based Organizations, Hospitals, Health Care Facilities, Ambulatory Care Facilities, Homeless Service Centers, Public Health Departments and Drug Treatment Centers. A for-profit entity is eligible to apply for these funds only if a not-for-profit organization is not able or willing to provide the quality HIV related service(s). Eligible applicants must demonstrate capacity/expertise to successfully meet service category objectives. Applicants must have mechanisms in place to ensure "payer of last resort".

Selected Applicant(s) will be expected to gather and input information into the St. Louis TGA's client level database on established outcome measures such as number and type of service provided and associated health outcomes.

Evaluation Criteria: Proposal submissions will be evaluated and selection based on the responses received to the project abstract and program narrative.

III. PROJECT ABSTRACT (Maximum of two (2) single-spaced pages)

The proposal must include a project abstract. The abstract can be a maximum of two single-spaced pages and should be an overview of the proposal. The abstract should include:

- A. Name and brief description of the applicant organization.
- B. A brief description of your organizations existing programs or services designed to serve minorities living with HIV.
- C. A summary of the proposed program ability to attain the overarching MAI objectives (listed in Attachment A) and budget request.

IV. PROGRAM NARRATIVE (Maximum of 22 double-spaced pages)

The program narrative should be a minimum of ten pages and a maximum of 22 1.5 inch or double-spaced typewritten pages numbered consecutively. Applicants must respond to each of the required narrative proposal components (IV. A through F). The order of the responses must follow exactly the order provided below. The Applicant's primary response should be included in the body or text of the submitted proposal. The response to proposal components may not consist solely of references to attached materials. This is not to say that Applicants may not attach documentation or material to demonstrate capacity or prior projects, but the response must not consist exclusively of attached material.

A. Capability of the Applicant (10 Points)

- Describe the agency's overall mission and scope of services, including hours of operation. Program descriptions may be appended.
- Briefly describe experience in providing the type of service requested in the RFP.
- Briefly describe the numbers, sociodemographic characteristics, and geographic distribution of the persons served previously in your programs.
- Describe the organization's process to train/orient staff and strategies to prevent staff attrition.
- Describe the agency's capability for collecting and reporting client data through computer-based programs.

B. Target Population (10 Points)

- Describe your organization's experience working with the St. Louis TGA PLWH/A population.
- Describe how your organization will assess the food needs of the PLWH/A population.
- Identify unmet needs and barriers for carrying out this service in the St. Louis TGA.

Describe how your organization will address unmet needs and barriers.

C. Service Delivery (20 Points)

- Describe the service(s) to be offered through the funding from this RFP. As part of this response, include how your organization will ensure compliance with the Standards of Care “Participation in Services” section (see Attachment C) and federal limitations on allowable Food Bank/Home Delivered Meals as outlined in Section II: Service Category Description, Contractor Qualifications Requirements. Clearly explain how you will document adherence to the standards as well as ensure proper data collection/management.
- Describe the geographic location of the proposed service(s), days and hours when service(s) will be provided. Explain how you will provide services to eligible clients throughout the TGA.
- Describe the management and staffing plan of your organization and how the requested service fits into your organizational structure. Include how many FTE(s) are requested. Provide a description of staff skills and their experience in providing services to people living with HIV/AIDS. Include an organizational chart and resumes of key staff as attachments.
- Describe the referral process to receive service(s).
- Provide, as an attachment, a flow chart illustrating the service delivery process. Successful applicants will include “touch points” demonstrating client/staff interaction, progress updates, and/or outcome assessments from the point of referral to discharge and beyond if the proposer conducts post service evaluations.

D. Critical Service Delivery Issues (15 Points)

Your proposal must demonstrate the impact of how your organization has and plans to continue to respond to the following critical issues relative to:

Financing of HIV/AIDS care

- Describe the process for initial and ongoing determination of client eligibility for services. In particular, address how your agency determines that TGA funds are being used as payer of last resort and that all other payment sources for a client have been applied for, accessed and/or exhausted.

Cultural and Linguistic Capacity

- Describe how service(s) will be culturally and linguistically appropriate. Include what languages able to provide services. Describe how you will communicate with non-English speaking clients. Address ways to reduce issues with stigma, phobia and denial.

Access to and maintenance in primary care.

- Demonstrate how your organization is in a position to reach clients in need of services, and meet the unique needs of PLWH/A unaware of their status. Include strategies to engage and retain clients in the Ryan White continuum of care.

E. Collaboration and Coordination (15 Points)

See Attachment B for definitions of collaboration and coordination to guide your responses on collaborative efforts.

Description of involvement in systems of HIV care and support within the TGA

- Identify existing HIV systems of care and support services in which your organization actively participates. Describe the role of your organization in these systems and methods of participation.

Description of plans to coordinate with other providers

- Describe your plan to integrate and/or coordinate the delivery of service with other HIV services and providers. If relationships already exist, please explain their benefit in carrying out the services of this RFP.
- Describe the linkage and/or cooperative agreements which place your organization in a position to accept referrals to your program, obtain outcome measures from care providers to document progress in meeting outcome objectives, and the feedback to case management regarding client access to services.

F. Quality Improvement and Evaluation (20 Points)

- Describe the agency's quality management program; including plans to evaluate, monitor and adjust delivery of program services to ensure quality services provided to PLWH/A.
- Provide the Food Bank/Home Delivered Meals outcome indicators to be used and how they will be assessed.
- Describe the staff involved in the quality improvement process.
- Explain how PLWH/A will be included in the quality improvement process. Plans should include a client satisfaction survey.

NOTE: *All Ryan White Part A providers are required to have a functioning Quality Management Program and participate in TGA wide quality efforts..*

Implementation Plan

- Create at least three service goals with timelines and measurable program objectives using the format provided in Attachment A. Please indicate the number of persons to be served, the units of service to be delivered, and the estimated cost of meeting the objective. Provide in full detail the tasks and activities used to accomplish the goals and objectives. This should be included as part of the Narrative section and not as an attachment.

V. BUDGET AND FINANCIAL DATA (10 points)

A. Budget Narrative and Budget

1. Develop and submit the service category budget that includes at a minimum the budget lines listed below. A budget narrative for each budget line should be included ensuring the level of detail required by the type of item funded. In developing your budget, keep in mind that administrative charges may not exceed 8% of the total direct service charges to the contract. The components of administrative costs must also be explained in the narrative.

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, their name (if possible), position title, percent full-time equivalency, and annual salary.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, and tuition reimbursement.

Travel: Travel costs should be broken out based on whether they are local or long distance. For local travel, the mileage rate, number of miles, reason for travel (e.g., staff training, client visits, etc), and staff members/others completing the travel should be outlined. Long distance travel is limited to HRSA-sponsored meetings.

Equipment: List equipment costs and describe why they are needed to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment

Supplies: List items the project will use, and be sure to separate office supplies from medical and educational purchases. Office supplies include paper, pens, and the like. Medical supplies include syringes, blood tubes, plastic gloves, etc. Educational supplies would include pamphlets and educational videotapes, for example.

Subcontracts: Sub-contracts are not required as part of the application submission.

Other: All costs that do not fit into the previous categories should be classified under "other." In some cases, rent, utilities, and insurance would fall under this category.

Administrative: Administrative Activities as defined in the Part A legislation include - a) usual and recognized overhead activities, including established indirect rates for agencies; b) management oversight of specific program funded under Part A; and c) other types of program support such as quality assurance, quality control, and related activities

B. Financial Information

Provide the following financial documents:

- a. A copy of your program/organization budget for the most recent fiscal year.
- b. A summary of your current 2015/2016 contracts, including the funding sources.
- c. A list of outside funds applied for to provide partial support for the proposed project and the status of those applications.
- d. Listing of governing body members and officers, as applicable.
- e. Most recent audited financial report. Report must be from within the previous three years.

- f. Not for Profit organizations should attach evidence of 501 (c) 3 status which includes the following documents:
- IRS Tax Determination Letter
 - Articles of Incorporation

VI. OTHER REQUIREMENTS

Other Requirements:

- g. The successful bidder must obtain and maintain a current business license and pay all applicable taxes to the City of St. Louis.
- h. **M/W/DBE Participation:** It is the policy of the City of St. Louis to address the effects of identified discrimination against minority business enterprises and women's business enterprises within its jurisdiction. Contractual services shall be allocated according to the policy. The method that the city shall employ to implement that policy is the establishment of a goal of at least 25% minority business enterprise participation and at least 5% women's business enterprises participation in contracts and purchases wherein City funds are collected or expended. Please provide information on minority and women enterprise participation in your company.
- i. **Living Wage Requirements:** Bidders [Proponents] are hereby advised that the St. Louis Living Wage Ordinance #65597 and associated Regulations apply to the service [concession] [lease] [City Financial Assistance] for which [bids] [proposals] are being sought herein. This Ordinance requires that, unless specific exemptions apply, all individuals who perform work pursuant to a contract executed between the successful [bidder] [proponent] and the City [Agency] must be paid a minimum of the applicable Living Wage rates set forth in the attached Living Wage Bulletin (Attachment D), and, if the rates are adjusted during the term of the contract pursuant to the Ordinance., applicable rates after such adjustment is made. Each bidder [proponent] must submit the attached "Living Wage Acknowledgement and Acceptance Declaration" (Attachment D) with the bid [proposal] will result in rejection of the bid [proposal]. A successful bidder's [proponent's] failure to comply with contract provisions related to the Living Wage Ordinance may result in termination of the contract and the imposition of additional penalties as set forth in the Ordinance and Regulations.

Copies of the Ordinance and Regulations are available upon request from The Department of Health, or can be accessed at <http://www.stlouiscity.com/livingwage>. A copy of the Living Wage Bulletin now in effect is attached.

VII. EVALUATION CRITERIA

The RFP will undergo the following evaluation process. The Grants Administration Office, in association with an independent review panel, will evaluate the proposal using the above criteria and provide recommendations to the DOH Professional Service Agreement Committee (PSA), established under City of St. Louis Ordinance 64102. The

PSA Committee will evaluate and make selection based on the responses received to the project abstract, program narrative and budget. The total points possible are 100, awarded as follows:

Capability of the Applicant	10 Points
Target Population	10 Points
Service Delivery	20 Points
Critical Service Delivery Issues	15 points
Collaboration and Coordination	15 Points
Quality Improvement & Evaluation	20 Points
Budget and Financial Data	10 Points
Total	100 Points

VIII. RFP TERMS

- A.** The City reserves and may exercise one or more of the following rights and options regarding this RFP:
- To reject any and all bids, to seek additional bids, to enter into negotiations and subsequently contract with more than one Bidder at any time during the process.
 - To evaluate separately the individual components of each bid such as any proposed subsystem, product or service, and to contract with such Bidder for any individual component.
 - To cancel or withdraw this RFP without the substitution of another RFP or alter the terms and conditions of this RFP.
 - To modify specific terms and conditions in this document prior to execution.
 - The City reserves the right to renew the contract for an additional one year term for up to two consecutive years.
- B.** Contents of Proposals: All materials submitted in accordance with this RFP will become and remains the property of the City and will not be returned. All Proposals shall be considered public records, but may be deemed and treated as closed or exempt by the City Counselor's Office, at the sole discretion of the City Counselor's Office, pursuant to the City's understanding and interpretation of the laws of the State of Missouri. All Proposal material may be treated as open records. The City cannot guarantee confidentiality of any materials during the evaluation process or at any other time. Thus, Proposals and communications exchanged in response to this RFP should be assumed to be subject to public disclosure.

RYAN WHITE MINORITY AIDS INITIATIVE PROGRAMS FOR PART A REQUEST FOR PROPOSALS

APPLICATION COVER SHEET

APPLICANT INFORMATION																			
1) LEGAL NAME:																			
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): Check if address change <input type="checkbox"/>																			
3) PAYEE Mailing Address (if different from above): Check if address change <input type="checkbox"/>																			
4) Federal Tax ID No.:																			
5) TYPE OF ENTITY (check all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> FQHC</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td></td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC	<input type="checkbox"/> Other Political Subdivision		<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private			<input type="checkbox"/> Other (specify): _____
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<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private																	
		<input type="checkbox"/> Other (specify): _____																	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																			
6) PROPOSED BUDGET PERIOD: Start Date: End Date:																			
7) COUNTIES SERVED BY PROJECT:																			
8) AMOUNT OF FUNDING REQUESTED: 9) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	10) PROJECT CONTACT PERSON Name: Phone: Fax: E-mail: 11) FINANCIAL OFFICER Name: Phone: Fax: E-mail:																		
The facts affirmed by me in this proposal are truthful and I understand that the truthfulness of the facts affirmed herein are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.																			
12) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/> Name: Title: Phone: Fax: E-mail:	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE 14) DATE																		

APPLICATION CHECKLIST

Please review and enclose this checklist to ensure that your application is complete. Applications that do not contain a copy of each of the items below will be considered incomplete and will not be reviewed. The inclusion of letters of support and any other requested documentation is strongly suggested.

Application Cover Sheet

III. Project Abstract

IV. Program Narrative

A. Capability of Applicant

Services/Experience

Service Population Demographics

Staff Training/Orientation

IT Capabilities

B. Target Population

Experience with PLWH/A

Assessment of Needs

Gaps/Barriers

C. Service Delivery

Service Description

Management/Staffing Plan

(Attach organizational chart and resumes of key staff.)

Referral Process

Standards of Care

D. Critical Service Delivery Issues

Financing HIV/AIDS Care

Cultural and Linguistic Competency

Access and Maintenance in Care

E. Collaboration & Coordination

HIV Care Involvement

Coordination

*Service Integration/Letters of Support/Memorandums of Understanding/Contracts/
Letters of Intent - (May be included as attachment(s))*

F. Quality Improvement and Evaluation

Quality Management Program

Implementation Plan

(Attachment A)

Evaluation Plan

V. Budget and Financial Data

Budget Narrative and Budget

1. Budget and Narrative _____
2. **Financial Information (Attachments)**
 - a. Organization's Budget _____
 - b. Contracts-Sources (2015/2016) _____
 - c. Outside Funding _____
 - d. Listing of Board Members _____
 - e. Current financial report _____
 - f. If applicable, 501(c) 3 _____

VI. Other Requirements

- a. Current business license _____
- b. Statement of M/W/DBE
Participation _____
- c. Living Wage Declaration Form _____

PROPOSAL ATTACHMENTS

- **Organizational Chart**
- **Resumes and Job Descriptions of Key Staff** (Include for All staff positions that will be financially supported by this grant if awarded)
- **Letters of Support/Memorandums of Understanding/Contracts/Letters of Intent**
- **Financial Information** (as stated in Section V.)
- **Other Requirements Documentation** (as stated in Section VI.)

Attachment A: Standards of Care

St. Louis Food Bank / Home Delivered Meals

Approved by Care Strategy February 2014

Approved by Planning Council March 2014

HRSA Definition: Food Bank / Home Delivered Meals include the provision of actual food or meals. It does not include finances to purchase food or meal. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.

St. Louis TGA Definition: Food bank, home delivered meals and vouchers to purchase food.

1.0 Agency Policies and Procedures

Standard	Measure
1.2 Agency will show evidence that the license of the organization is current, if applicable.	1.1 Documentation and license on file at provider agency.
1.3 The agency will meet all applicable federal, state and local regulations.	1.2 Documentation on file as proof of compliance/periodic inspections by Grantee or state health agency at provider agency.
1.4 Agency will meet Hazard Analysis and Critical Control Point (HACCP) guidelines for food handling and preparation.	1.3 Guidelines and written policy and procedure for following guidelines on file at provider agency.

2.0 Personnel

Standard	Measure
2.1 The agency will show evidence that a state licensed nutritionist/dietitian is on staff or a consultant of provider agency.	2.1 Resume and licenses on file at provider agency.
2.2 Agency supervisor working with food handling and preparation staff must be a graduate of an accredited culinary school.	2.2 Resume and licenses on file at provider agency.
2.3 Professional nutritionists, dietitians and other provider staff will attend seminars and supplemental courses to remain informed of the most current nutritional care for persons with HIV and, where appropriate, meet any continuing education requirements to maintain licensure.	2.3 Documentation of training on file at provider agency.

3.0 Participation in Services

Standard	Measure
3.1 An initial (or annual as needed) nutrition assessment will be conducted by or under the supervision of a registered dietitian to ensure appropriateness of service.	3.1 Signed, dated nutrition assessment on file in client chart.
3.2 After nutrition assessment is completed, a nutrition care plan will be developed, shared and mutually agreed upon with the client.	3.2 Signed, dated care plan including measurable goal oriented strategies on file in client records.
3.3 Nutrition care plan will be updated as	3.3 Update, signed plan on file in clients record.

necessary and upon clients consent the care plan and HIPAA compliant release will be shared with client's primary care provider.	Signed, dated HIPAA compliant release of information and record of date that care plans were shared with primary care provider also in client record.
3.4 Nutrition intervention is based on the nutrition assessment and care plan	3.4 Documentation of nutrition intervention on file at agency.
3.5 Agency is able to provide 'Nutrition and HIV' training to clients and their providers in local HIV organizations and facilities.	3.5 Documentation of training and curricula on file at agency.
3.6 Agency will distribute nutrition education material to clients and other agencies.	3.6 Material that promotes proper nutrition and food safety will be on file at agency. Distribution plan will be in place.
3.7 Agency will refer clients other community resources as needed.	3.7 Referrals to food pantries, food stamps, WIC, nutrition classes and gyms recorded in client file.

Attachment B: Collaboration Continuum

The various levels for working together:

	Networking	Coordinating	Cooperating	Collaborating
Defined as:	Exchanging information for mutual benefit	Exchanging information and altering activities for mutual benefit and to achieve a common purpose	Exchanging information, altering activities and sharing resources for mutual benefit and to achieve a common purpose	Exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose
Description	The most informal of working together strategies and, as a result, can be used most easily.	Requires more organizational involvement than networking and, given the degree to which activities are poorly coordinated, it is a very critical change strategy.	Requires greater organizational commitments than networking or coordinating and in some cases, may involve written (perhaps even legal) agreements. Shared resources can encompass a variety of human, financial and technical contributions including knowledge, staffing physical property, access to people and others.	The qualitative difference between collaborating and cooperating is the willingness of organizations (or individuals) to enhance each other's capacity for mutual benefit and a common purpose. In this definition, collaborating is a relationship in which each organization wants to help its partners become better at what they do. This also assumes that when organizations collaborate, they share risks, responsibilities and rewards.
Characteristics/requirements	Initial level of trust, limited time availability, and a reluctance to share turf	Compared to networking, coordinating involves more time, higher levels of trust and some access to each other's turf.	Cooperating can require a substantial amount of time, high levels of trust, and significant access to each other's turf.	Usually characterized by substantial time commitments, very high levels of trust and extensive areas of common turf.
Example	A hospital and a community clinic exchange information about prenatal services.	A hospital and a community clinic exchange information about prenatal services and decide to alter service schedules so that they can better meet the needs of common clients.	A hospital and a community clinic exchange information about prenatal services, decide to alter service schedules, and agree to share physical space and funding for prenatal services so that they (the hospital and community clinic) can better meet the needs of common clients.	A hospital and a community clinic exchange information about prenatal services, decide to alter service schedules, agree to share physical space and funding for prenatal services, and provide professional development training for each other's staff in areas of their special expertise so that they (the hospital and community clinic) can better meet the needs of common clients.

Collaboration Continuum



Reference: Himmelman, A.T. (1992). *Communities Working Collaboratively for a Change*.

Attachment C: Implementation Plan

Please complete the following table for the defined service goal and objective(s) indicating the number of persons to be served, the units of service to be delivered, the estimated cost to meet the objective, and the tasks and activities to be used to accomplish the defined goal and objective(s). Then, complete an additional table for at least one other proposed service goal with at least one objective.

NOTE: The selected provider will work with Grants Administration and Planning Council to finalize program outcomes and objectives in accordance with the St. Louis TGA Ryan White Part A and MAI Implementation Plans.

2016 Implementation Plan and 2017 Service Category Plan will be provided during Pre-Bidder's Conference

Attachment D: Living Wage Ordinance, Bulletin and Acknowledgement

ST. LOUIS LIVING WAGE ORDINANCE

LIVING WAGE COMPLIANCE PROVISIONS: This contract [agreement] is subject to the St. Louis Living Wage Ordinance 65597 and the Regulations associated therewith, copies of which are attached hereto and incorporated herein by this reference. The Ordinance and Regulations require the following compliance measures, and Contractor hereby agrees to comply with these measures:

1. **Minimum Compensation:** Contractor hereby agrees to pay an initial hourly wage to each employee performing services related to this contract [agreement] in an amount no less than the amount stated on the attached Living Wage Bulletin. The initial rate shall be adjusted each year no later than April 1, and Contractor hereby agrees to adjust the initial hourly rate to the adjusted rate specified in the Bulletin at the time the Bulletin is issued.
2. **Notification:** Contractor shall provide the Living Wage Bulletin to all employees, together with a “Notice of Coverage”, in English, Spanish, and other languages spoken by a significant number of the Contractor’s employees within thirty (30) days of contract execution for existing employees and within thirty (30) days of employment for new employees.
3. **Posting:** Contractor shall post the Living Wage Bulletin, together with a “Notice of Coverage”, in English, Spanish, and other languages spoken by a significant number of the Contractor’s employees, in a prominent place in a communal area of each worksite covered by the Contract.
4. **Subcontractors—Service Contracts:** Contractor hereby agrees to require Subcontractors, as defined in the Regulations, to comply with the requirements of the Living Wage Regulations, and hereby agrees to be responsible for the compliance of such Subcontractors. Contractor shall include these Living Wage Compliance Provisions in any contract with such Subcontractors.]
5. **Term of Compliance—Service Contracts:** Contractor hereby agrees to comply with these Living Wage Compliance Provisions and with the Regulations for as long as work related to this contract is being performed by Contractor’s employees, and to submit the reports required by the Regulations for each calendar year or portion thereof during which such work is performed.]
6. **Reporting:** Contractor shall provide the Annual Reports and attachments required by the Ordinance and Regulations.
7. **Penalties:** Contractor acknowledges and agrees that failure to comply with any provision of the Ordinance and/or Regulations and/or providing false information may result in the imposition of penalties specified in the Ordinance and/or Regulations, which penalties, as provided in the Ordinance and Regulations, may include, without limitation, per order of the City Compliance Official, the following:
 - Suspension and/or termination of the contract, subcontract, lease, concession agreement or financial assistance agreement by the City.
 - Forfeiture and repayment of any or all of the financial assistance awarded by the City of St. Louis.
 - Barring the Contractor or CFAR from eligibility for future City contracts and/or financial assistance until all ordered relief has been made or paid in full.
 - Liquidated damages payable to the City of St. Louis in the amount of \$500 for each week, or part thereof, that an employee has not been provided wages and benefits in accordance with the Living Wage Ordinance. Each weekly violation shall constitute a separate violation of the Ordinance and must be demonstrated separately.

LIVING WAGE ADJUSTMENT BULLETIN

ST. LOUIS LIVING WAGE ORDINANCE

NOTICE OF ST. LOUIS LIVING WAGE RATES EFFECTIVE APRIL 1, 2016

In accordance with Ordinance No. 65597, the St. Louis Living Wage Ordinance (“Ordinance”) and the Regulations associated therewith, the City Compliance Official for the City of St. Louis has determined that the following living wage rates are now in effect for employees of covered contracts:

- 1) Where health benefits as defined in the Ordinance are provided to the employee, the living wage rate is **\$12.60** per hour (130% of the federal poverty level income guideline for a family of three); and
- 2) Where health benefits as defined in the Ordinance are not provided to the employee, the living wage rate is **\$16.87** per hour (130% of the federal poverty level income guideline for a family of three, plus fringe benefit rates as defined in the Ordinance).
- 3) Fringe benefit rate defined under Chapter 6.20 of the Revised Code of the City of St. Louis: **\$4.27** per hour.

These rates are based upon federal poverty level income guidelines as defined in the Ordinance and are effective as of **April 1, 2016**. These rates will be further adjusted periodically when the federal poverty level income guideline is adjusted by the U.S. Department of Health & Human Services, or pursuant to Chapter 6.20 of the Revised Code of the City of St. Louis.

The Ordinance applies to employers who are covered by the Ordinance as defined in the Ordinance, where the contract or grant is entered into or renewed after the effective date of the Ordinance, which is November 3, 2002. A copy of the Ordinance may be viewed online at <https://www.stlouis-mo.gov/government/city-laws/ordinances/ordinance.cfm?%20ord=65597> or obtained from:

**City of St. Louis Living Wage Program Office
St. Louis, Missouri
(314) 426-8106**

Dated: February 5, 2016

Living Wage Acknowledgement

ST. LOUIS LIVING WAGE ORDINANCE

LIVING WAGE ACKNOWLEDGMENT AND ACCEPTANCE DECLARATION

(To be completed by each respondent to a bid/proposal solicitation when that solicitation has included Living Wage Advertisement/Solicitation Language.)

CONTRACTING AGENCY: _____

AGENCY CONTRACT NUMBER: _____

DATE: _____ **PREPARED BY:** _____

PREPARER'S TELEPHONE NUMBER: _____

PREPARER'S E-MAIL ADDRESS: _____

PREPARER'S CELL PHONE NUMBER: _____

PREPARER'S ADDRESS AND ZIP CODE: _____

As the authorized representative of the above-referenced bidder or proponent, I hereby acknowledge that the bidder/proponent understands that the contract or agreement that will be executed with a successful bidder/proponent pursuant to this solicitation is subject to the St. Louis Living Wage #65597 and the Regulations associated therewith. The bidder/proponent hereby agrees to comply with the Ordinance and the associated Regulations if awarded a contract pursuant to this solicitation. I am authorized to make the above representations on behalf of the bidder or proponent.

AUTHORIZED REPRESENTATIVE CERTIFICATION:

_____ (Signature)

NAME: _____

TITLE: _____

DATE: _____